

DRAFT ADEM**ANNUAL RELEASE DETECTION EQUIPMENT TESTING LOG FOR YEAR _____**

Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Section at (334) 270-5655

Facility Name:		Owner:			
Address:		Address:			
City, County, Zip:		City, State, Zip:			
Facility I.D. #:		Phone #:			
Tester Name:			Tester Phone #:		
Tester Company:					
Instructions					
1. This form allows you to record up to 5 ADEM Unique Tank Numbers, assuming that the Facility ID Number remain the same. 2. Complete portion of form pertaining to type of equipment inspected for each tank. 3. Inspection must be performed in accordance with a nationally recognized code of practice (such as PEI RP-1200, or equivalent), manufacturer's instructions, or ADEM requirements. 4. Keep a record copy of this inspection for 3 years.					
ADEM Unique Tank #					
Product Stored					
Automatic Tank Gauge and Other Controllers					
Alarm test	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a
System configuration verification	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a
Battery backup test	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a
Tester's initials and date tested	/ /	/ /	/ /	/ /	/ /
Vacuum Pumps and Pressure Gauges					
Proper communication with sensors and controller verification	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a
Proper gauge reading verification (All pressure gauges should show a positive reading and all vacuum gauges should show a negative reading.)	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a
Tester's initials and date tested	/ /	/ /	/ /	/ /	/ /
Hand-Held Electronic Sampling Equipment Associated with Groundwater and Vapor Monitoring					
Proper calibration and operation verification	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a
Tester's initials and date tested	/ /	/ /	/ /	/ /	/ /
Other Component Tested:					
Describe test:	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a
Tester's initials and date tested	/ /	/ /	/ /	/ /	/ /
Other Component Tested:					
Describe test:	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a	<input type="checkbox"/> meets criteria <input type="checkbox"/> needs action <input type="checkbox"/> n/a
Tester's initials and date tested	/ /	/ /	/ /	/ /	/ /
Repairs Needed	Date of Repair	Description of any Repairs			